

Applicant or Patentee: Michael Glenn KING

Application or Patent No. _____

Filed or Issued: _____

For: COMPOSITIONS AND METHODS FOR THE CONTROL OF SMOKING

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS [37 CFR §1.9(f) AND §1.27(b)] - INDEPENDENT INVENTOR(S)**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR §1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled described in

- ☐ the specification filed herewith
☐ U.S. Application No. _____, filed _____
☐ U.S. Patent No. _____, filed _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR §1.8(c) that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR §1.9(a) or a nonprofit organization under 37 CFR §1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☐ no such person, concern, or organization
☐ person, concerns or organizations listed below *

FULL NAME:
ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME:
ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME:
ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention availing to their status as small entities. (37 CFR §1.27)

I acknowledge the duty to file, in this application or patent, notification of any changes in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Michael Glenn KING

Name of Inventor



Signature of Inventor

21 March 97

Date

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date

105070-0955260

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **COMPOSITIONS AND METHODS FOR THE CONTROL OF SMOKING**
the specification of which (check one(s) applicable)

X was filed 21 September 1995 as International Application No. PCT/AU95/00621
and was amended by Amendment filed _____ (if applicable); (or);
_____ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with 35(2)(b) (37CFR 1.56(a)).

CLAIM UNDER 35 USC 119: I hereby claim foreign priority benefits under 37 USC 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Application No.	Country	Day-Mo-Year	Yes - No
PM 8353	Australia	23 September 1994	X

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Patrick J. Hagan, Reg. No. 27,643 and Henry H. Skillman, Reg. No. 17,262.

POWER TO INSPECT: I hereby give DANN, DORFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representative power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Patrick J. Hagan, Esq.
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Facsimile: (215) 583-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

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First Middle Last
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THIRD JOINT INVENTOR (IF ANY)

Full Name _____
First Middle Last
Signature _____
Date _____
Residence _____
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SECOND JOINT INVENTOR (IF ANY)

Full Name _____
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address: _____
City State or Country Zip Code

FOURTH JOINT INVENTOR (IF ANY)

Full Name _____
First Middle Last
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